

**CRITERIA FOR PRIOR AUTHORIZATION**

Dupixent® (dupilumab)

**PROVIDER GROUP** Professional  
Pharmacy

**MANUAL GUIDELINES** The following drug requires prior authorization:  
Dupilumab (Dupixent®)

**CRITERIA FOR INITIAL APPROVAL** (must meet all of the following):

- Patient must have a diagnosis of atopic dermatitis
- Patient has one of the following:
  - Minimum body surface area (BSA) involvement of at least 10%
  - Eczema Area and Severity Index (EASI) score of at least 16
  - Investigator's Global Assessment/Physician Global Assessment (IGA/PGA) score of at least 3 (score 0-4)
- Patient must be 18 years of age or older
- Must have trial of a medium potency or higher topical corticosteroid (see attached table) **or** the patient has atopic dermatitis on the face and the prescriber has a concern with long-term use on the face
- Must have a trial of a topical calcineurin inhibitor (tacrolimus, pimecrolimus) AND crisaborole

**LENGTH OF APPROVAL:** 3 months

**CRITERIA FOR RENEWAL** (must meet all of the following):

- Patient has documented improvement of symptoms as defined by one of the following:
  - IGA/PGA decrease from baseline by at least 2 points
  - EASI decrease from baseline by at least 75%
  - Numeric Rating Scale (NRS) decrease from baseline by at least 4 points

**LENGTH OF APPROVAL:** 12 months

**Notes:**

- The recommended dose is an initial dose of 600 mg (two 300 mg injections in different injection sites), followed by 300 mg given every other week.
- Topical therapies: topical corticosteroids, topical calcineurin inhibitors, crisaborole
- Dupixent can be used with or without topical corticosteroids.
- EASI score: 0-72; IGA/PGA score: 0-4; NRS 0-10

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DRUG UTILIZATION REVIEW COMMITTEE CHAIR

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PHARMACY PROGRAM MANAGER  
DIVISION OF HEALTH CARE FINANCE  
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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**Medium Potency and Higher Topical Corticosteroids**

<b>Generic Name</b>	<b>Brand Name</b>
Betamethasone	Beta-Val <sup>®</sup> , Betatrex <sup>®</sup> , Beta-Derm <sup>®</sup> , Qualisone <sup>®</sup> , D.R. Betasone <sup>®</sup> , Luxiq <sup>®</sup>
Triamcinolone	Aristocort <sup>®</sup> , Aricin <sup>®</sup> , Kenalog <sup>®</sup> , Triacet <sup>®</sup> , Triderm <sup>®</sup> , Delta-Tritex <sup>®</sup> , Cinalog <sup>®</sup> , Trianex <sup>®</sup> , Zytopic Kit <sup>®</sup>
Fluocinolone 0.025%, 0.05%, 0.1%	Synalar <sup>®</sup> , Lidex <sup>®</sup> , Vanos <sup>®</sup> , Dermacin <sup>®</sup>
Hydrocortisone Butyrate	Locoid <sup>®</sup>
Hydrocortisone Valerate	Westcort <sup>®</sup>
Betamethasone	Diprolene <sup>®</sup> , Maxivate <sup>®</sup> , Teladar <sup>®</sup> , Diprosone <sup>®</sup> , Alphatrex <sup>®</sup> , Del-Beta <sup>®</sup> , Betonate <sup>®</sup>
Desoximetasone	Topicort <sup>®</sup>
Clocortolone	Cloderm <sup>®</sup>
Flurandrenolide	Cordran <sup>®</sup>
Halcinonide	Halog <sup>®</sup>
Diflorasone	Maxiflor <sup>®</sup> , Psorcon <sup>®</sup> , Florone <sup>®</sup> , Apexicon <sup>®</sup>
Amcinonide	Cyclocort <sup>®</sup>
Clobetasol	Embeline <sup>®</sup> , Temovate <sup>®</sup> , Cormax <sup>®</sup> , Clobevate <sup>®</sup> , Clobex <sup>®</sup> , Olux <sup>®</sup>
Mometasone	Elocon <sup>®</sup>
Halobetasol	Ultravate <sup>®</sup>
Fluticasone	Cutivate <sup>®</sup>
Prednicarbate	Dermatop <sup>®</sup>
Hydrocortisone Probutate	Pandel <sup>®</sup>